BEST AVAILABLE COPY

DATENT ADDITION EEE DETERMINATION DECC								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001														
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			10		i		R	ATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BAS	SIC FEE	370.00	OR	BASIC FEE	740.00		
TOTAL CHARGEABLE CLAIMS			0 minus 20=		* \$		×	\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			1 minus 3 =		* Ø		X42=			OR	X84=			
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT					+140=		OR	+280=			
* If	the difference	in column 1 is l	less than zero, enter "0" in colum			column 2	T	OTAL		OR	TOTAL	<u> </u>		
CLAIMS AS AMENDED - PART II						-				OTHER				
	AX ERS	(Column 1) CLAIMS	(Colum		mn 2) HEST	(Column 3)	SMALL			OR	SMALL	1000		
ENT A		REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA	. P	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=			
AME	Independent	*	Minus	***	T CL AIR	=		(42=		OR	X84=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	_c +280=	त्र चार्क ्र भम		
									TOTAL ADDIT. FEE			OD TOTAL		
	(Column 1) (Column 2) (Column 3)							enerotae P				•		
MENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE		
NON	Total	*	Minus	**		=] ×	(\$ 9=	,	OR	.X\$18=			
AMEND	Independent	*	Minus	***)	(42=		OR	X84=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J _	140=		OR	+280=			
	TOTAL ADDIT. FEE									OR	. TOTAL ADDIT. FEE	Ÿ		
၁		CLAIMS REMAINING			HEST MBER	PRESENT]-[=	7-7	_ADDI-			ADDI-		
AMENDMENT	1.7	AFTER		PREV	IOUSLY D FOR	EXTRA	٧ .	ATE	TIONAL	No.	RATE	TIONAL		
	Total	*	Minus	**	***	=		\$ 9=		OR	X\$18=	C THE STATE OF THE		
AME	Independent	*	Minus	***		-	,	(42=		OR	X84=	SAMPLE SAME		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┙┝╴	140=		OR	+280=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL			
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, nter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
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